

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 804516 (3)

1. Corporation Name
SEARS, ROEBUCK AND CO.



Principal Place of Business TAX DEPT. 768TAX B5- 266A HOFFMAN ESTATES IL 60179 US	Mailing Address TAX DEPT. 768 TAX B5- 266A HOFFMAN ESTATES IL 60179 US
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3. Date Incorporated or Qualified 02/01/1936	3a. Date of Last Report 04/17/1996
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2. Principal Place of Business 21 3333 Beverly Rd. Suite, Apt. #, etc.	2a. Mailing Address 26 3333 Beverly Rd. Suite, Apt. #, etc.
22 City & State	27 Dept. 768TAX - B5-266A City & State
23 Zip Country	28 Zip Country
24 Zip 25 Country	29 Zip 30 Country

4. FEI Number 36-1750680	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CCD	NAME ARTHUR C. MARTINEZ	1.1 TITLE PDC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3333 BEVERLY RD.	CITY-ST-ZIP HOFFMAN ESTATES IL	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE VT	NAME PETERSON, ALICE M	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3333 BEVERLY RD	CITY-ST-ZIP HOFFMAN ESTATES IL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE SVP	NAME JOHN H. COSTELLO	3.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3333 BEVERLY RD.	CITY-ST-ZIP HOFFMAN ESTATES IL	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE VPC	NAME BLANDA, JAMES A	4.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3333 BEVERLY RD.	CITY-ST-ZIP HOFFMAN ESTATES IL	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE SVPS	NAME MIKE LEVIN	5.1 TITLE VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3333 BEVERLY RD.	CITY-ST-ZIP HOFFMAN ESTATES IL	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **REQUIRED** **4/18/97**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)